

Case Number:	CM14-0149638		
Date Assigned:	09/18/2014	Date of Injury:	02/28/2014
Decision Date:	10/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who reported injury on 02/28/2014. The injury was reported as traumatic amputation of the distal right index finger, caused by operating dangerous equipment. The diagnoses included right index finger partial amputation, status post full thickness skin graft to the right index finger, and cervical spine sprain/strain. Past treatments included physical therapy and Motrin, as well as Prilosec to control her GI issues secondary to Motrin. The progress note, dated 07/28/2014, noted the injured worker complained of pain to her neck, right shoulder, right elbow, right wrist, right hand, and 2nd digit on her right hand. All pain was rated 7/10. It was noted that she was taking Motrin, which took her pain down from 7/10 to 5-6/10. At that visit she requested something stronger for pain. The physical exam revealed significantly decreased range of motion to the shoulder, positive Hawkins, impingement sign, Neer's impingement sign, and McMurray's sign. Right arm strength was noted as 3/5 with tenderness over the acromioclavicular joint on the right side. The examination of the right wrist revealed positive Phalen's and Tinel's signs, with grip strength 3/5, and decreased sensation at the median and ulnar aspects bilaterally. Hypersensitivity was noted to the amputation site of the right 2nd digit, without signs of erythema or infection. The medications included Motrin 800 mg every 8 hours as needed, and Prilosec 20 mg twice a day. The treatment requested authorization for MRI of the right shoulder and elbow and prescription for diclofenac/lidocaine (3%/5%) 180g, and a prescription for Ultram 50 mg every 8 hours as needed for pain. The physician noted that he is requesting topical diclofenac/lidocaine in attempt to wean the injured worker from the ibuprofen due to her gastrointestinal upset. The Request for Authorization form for Prilosec was submitted for review on 06/30/2014, and the Request for Authorization form for diclofenac/lidocaine was submitted for review on 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diclofenac/Lidocaine 3 Percent, 5 Percent 180 G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm, Page(s): page(s) 111-112, page(s) 56-57..

Decision rationale: The injured worker had pain to her right upper extremity extending from the neck down to the tip of her right index finger. The injured worker had been taking Motrin 800 mg 3 times a day with Prilosec 20 mg twice day, without relief of pain. The physician is requesting to add diclofenac/lidocaine cream to wean her from the ibuprofen to due to her gastrointestinal upset, and add tramadol 50 mg every 8 hours as needed for pain, due to the injured worker's complaint that the Motrin is not helping. The California MTUS Guidelines recommend Lidoderm patches as the only approved form of topical lidocaine, for neuropathic pain with localized peripheral pain after documented evidence of failure of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica) and is not recommended for non-neuropathic pain. Topical NSAIDs are recommended for short term (4 to 12 weeks) treatment of osteoarthritis of the knee or elbow, and specifically not for use on the spine, hip or shoulder. Additionally, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended for use. There is no indication of osteoarthritis of the knee or elbow or otherwise. The location intended for use is not specified on the request to determine medical necessity. Topical lidocaine cream is not recommended for use. There is no indication of failure of first line treatment for neuropathic pain. Given the previous, the use of diclofenac/lidocaine cream is not indicated or supported at this time. Therefore the request for Diclofenac/Lidocaine 3%, 5% 180g is not medically necessary.

Prilosec (Omeprazole 20 MG) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69..

Decision rationale: The injured worker was reported to be using Prilosec due to gastrointestinal upset, with the use of Motrin 800 mg 3 times a day. She was also reported to not have any pain relief with the Motrin. The treatment plan documented the intention to stop using the Motrin. The California MTUS Guidelines recommend the use of proton pump inhibitors for patients on NSAIDs with increased risks of gastrointestinal complications. The risk factors include age, history of peptic ulcer, GI bleed or perforation, concurrent use of aspirin, corticosteroids, anticoagulants, or high doses or multiple NSAIDs. There was no documented assessment of the gastrointestinal symptoms. There was no indication of assessment of gastrointestinal risk

factors. There was no documentation of the efficacy of Prilosec, and there was documented intention to discontinue the NSAIDs. Given the previous, the continued use of Prilosec is not indicated at this time. Therefore the request for Prilosec (Omeprazole 20mg) #30 is not medically necessary.